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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

P01046601

First Named Inventor

Henry Pearl

COMPLETE IF KNOWN

Application Number

/

Filing Date

June 15, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for Stimulating Hair Growth

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number **27689** OR ☐ Correspondence address below

Name **John C. Smith**

Address **4800 N. Federal Highway, Suite A-207**

City **Boca Raton**

State **FL**

ZIP **33431**

Country **USA**

Telephone **(561) 394-4666**

Fax **(561) 394-9562**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Henry**

Family Name
or Surname **Pearl**

Inventor's
Signature 

Date **June 14, 2001**

Residence: City **Boca Raton**

State **FL**

Country **USA**

Citizenship **Australia**

Mailing Address **17244 Hampton Blvd**

City **Boca Raton**

State **FL**

ZIP **33496**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **David**

Family Name
or Surname **Sinofsky**

Inventor's
Signature 

Date **June 14, 2001**

Residence: City **Boca Raton**

State **FL**

Country **USA**

Citizenship **USA**

Mailing Address **17244 Hampton Blvd**

City **Boca Raton**

State **FL**

ZIP **33496**

Country **USA**

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	June 14, 2001 6-15-2001
First Named Inventor	Henry Pearl
Title	Apparatus and Method for Stimulating Hair Growth
Group Art Unit	
Examiner Name	
Attorney Docket Number	P01046601

I hereby appoint:

☒ Practitioners at Customer Number

27689

OR

☐ Practitioner(s) named below:



27689

PATENT TRADEMARK OFFICE

Name	Registration Number
John C. Smith, Esq.	33,284

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name	John C. Smith, Esq.				
Address	4800 North Federal Highway, Suite A-207				
Address					
City	Boca Raton	State	Florida	Zip	33431
Country	USA				
Telephone	(561) 394-4666	Fax	(561) 394-9562		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Henry Pearl
Signature	
Date	June 14, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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John C. Smith, Esq.	33,284

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SIGNATURE of Applicant or Assignee of Record

Name	David Michael Sinofsky
Signature	<i>David Michael Sinofsky</i>
Date	June 14, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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